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SDI Review Form 1.6

Journal Name:	Asian Journal of Research in Dermatological Science
Manuscript Number:	**Ms_AJRDES_42160**
Title of the Manuscript:	**The Treatment of chronic recurrent urticaria with Fexofenadine and Hydroxyzine Hcl in Libyan patients.**
Type of the Article	**Review Paper**

General guideline for Peer Review process:

This journal's peer review policy states that **NO** manuscript should be rejected only on the basis of '**lack of Novelty'**, provided the manuscript is scientifically robust and technically sound.
To know the complete guideline for Peer Review process, reviewers are requested to visit this link:

(http://www.sciencedomain.org/page.php?id=sdi-general-editorial-policy#Peer-Review-Guideline)

PART 1: Review Comments

	Reviewer's comment	**Author's comment** *(if agreed with reviewer, correct the manuscript and highlight that part in the manuscript. It is mandatory that authors should write his/her feedback here)*
Compulsory REVISION comments	The language must be corrected. The Urticaria Activity Score should be moved to the methods while now it is in the discussion session. The pruritus is not assessed in this score but the AA underline that this symptom is very distressing for the patients. The results should be statistically evaluated. The lab test should be included in the methods and their result reported in a table in the result session. In the discussion the AA repeat what they have already written about the pharmacology of the two drugs .	
Minor REVISION comments	Table 4A and 4B express the same results and should be unified. The graphics are unusual and may be improved.	
Optional/General comments	The AA used the terminology of Chronic recurrent urticaria and chronic idiopathic urticaria as equivalent I suggest the Chronic Idiopathic Urticaria should be chosen. The AA do not comment the high incidence of side effects (sleepiness in 29% of the patients). It is also important to stress that the recent European and American guidelines state that for a better control of symptoms the doctors have to increase the dosage of the antihistaminic drug used and not add a second antihistaminic drug. They also say that the sedating antihistaminic drugs should be avoided. The AA must comment why they did not follow these recommendations.	

Reviewer Details:

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